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Consideration of reports: reports submitted by States parties in accordance with articles 16 and 17 of the Covenant

List of issues in relation to the third periodic report of Ireland

Addendum

Replies of Ireland to the list of issues*

[Date received: 1 April 2015]

* The present document is being issued without formal editing.

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I. General information

Reply to the issues raised in paragraph 1 of the list of issues (E/C.12/IRL/Q/3)

1. The International Covenant on Economic, Social and Cultural Rights (ICESCR) does not form part of the domestic law of the State. Ireland has a dualist system under which international agreements to which Ireland becomes a party do not become part of domestic law unless so determined by the Oireachtas (parliament) through legislation. While ICESCR has not been incorporated into domestic law, the substance of a number of the rights contained in the Covenant is protected by the Constitution and by legislation. Although not cognisable by the Courts, Article 45 of the Constitution sets out directive principles of social policy for the general guidance of the legislature. Information on how effect is given to ICESCR is set out more fully in Ireland's Common Core Document and Third Periodic Report. While the Covenant may not be invoked or applied by Courts there is no prohibition on litigants, who wish to refer to it in the Courts, on doing so.

2. While the Constitution specifies a number of rights, the Courts in interpreting its provisions have identified additional rights (unenumerated personal rights) which, although not expressly referred to in the Constitution, are nonetheless provided for by it. Thus it is possible for rights not expressly covered by the Constitution to be adjudicated on by the Courts if they fall within the "personal rights of the Citizen" as referred to in Article 40.3.1 of the Constitution and determined by the Superior Courts. The Courts do not operate a rigid classification of rights which puts economic, social and cultural rights beyond their reach.

3. Economic, social and cultural rights are asserted in litigation in the Courts. This is done with reference to the Constitution rather than ICESCR. It is difficult to say with absolute certainty that the Covenant has not been cited in domestic litigation but it has not formed the basis for any judgement. A search of the databases for litigation involving Government Departments in the past ten years shows no examples. The Superior Courts consistently identify the separation of powers as the limit on adjudication of such rights by courts: the courts cannot allocate finite public funds. The courts do adjudicate rights of procedural fairness in respect of economic, social and cultural rights/claims.

Reply to the issues raised in paragraph 2 of the list of issues

4. Article 42.1 of the Constitution "acknowledges that the primary and natural educator of the child is the Family and guarantees to respect the inalienable right and duty of parents to provide, according to their means, for the religious and moral, intellectual, physical and social education of their children." Article 42.2 provides that "Parents shall be free to provide this education in their homes or in private schools or in schools recognised or established by the State."

5. The Constitution and the Education Welfare Act (2000) require that the State ensure that all children receive a certain minimum education, without prescribing the form of that education. It is not intended to seek to remove this reservation to the Covenant in the foreseeable future.

II. Issues relating to the general provisions of the Covenant

Article 2(1)

Reply to the issues raised in paragraph 3 of the list of issues

6. The Economic and Social Research Institute's (ESRI) 2014 report on the role of social transfers in income redistribution and poverty alleviation[1] examines the effectiveness and efficiency. In 2004, social transfers (including pensions) lifted 25% of the population out of at-risk-of-poverty, a reduction of 53% on the pre-transfers rate. In 2007, social transfers lifted 30% of the population of out at-risk-of-poverty, a reduction of 63%. In 2011, social transfers lifted 39% of the population out of at-risk-of-poverty,[2] a reduction of 71%. The ESRI finds that social transfers are equally effective in reducing child poverty and that the performance has increased since 2004 (20% improvement).

7. The main explanation for the strong performance of social transfers in reducing the at-risk-of-poverty rate is the high value of welfare payments (rates have been unchanged since 2011), and the increased reliance of people on welfare due to unemployment. Social transfers represented 30%of gross household income in 2011, up from 20% in 2004. In 2011, 87% of households received social transfers. The average value of these was €327 in 2011, up from €233 in 2004 (in 2011 prices). Most of the increase was due to a shift in the type of payment received.

8. The ESRI report shows that between 2005 and 2010 Ireland moved from the middle towards the top of the range of EU-15 countries in poverty reduction effectiveness. The relatively high level of poverty reduction effectiveness by EU standards, and the fact that it has risen over time, suggest limited scope for new policy interventions to improve the overall level of effectiveness. Certain groups may benefit from increased attention.

(a) The poverty reduction effect of social transfers 2011–13

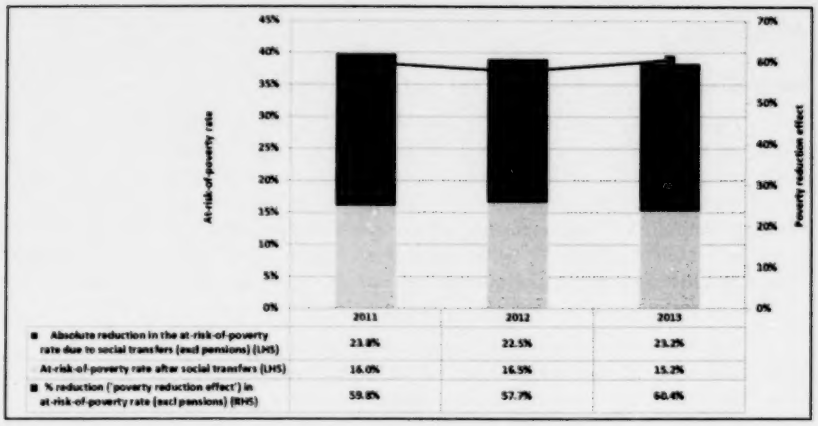
9. Data on the impact of social transfers on poverty for 2012 and 2013 from the Survey on Income and Living Conditions (Figure 1) shows that the poverty reduction effectiveness of social transfers has been maintained. In 2012, social transfers (excluding pensions) lifted 20% of the population out of income poverty. In 2013, social transfers (excluding pensions) reduced the at-risk-of poverty rate from 38.4% to 15.2%, a poverty reduction effect of 60.4% (The comparable poverty reduction effects of social transfers including pensions are 67.2% and 69.5% respectively).

[1] http://www.socialinclusion.ie/SocialTransfersandPovertyAlleviation_000.html.

[2] The at-risk-of-poverty threshold / poverty line measures individuals who have an income below 60% of the median income (the median is the mid-point on the scale of incomes in Ireland).

Figure I

Impact of social transfers (excluding pensions) on at-risk-of-poverty rate



Source: CSO SILC 2011–2013.

(b) The performance of social transfers in Ireland compared with other EU member states

10. Using comparative data from Eurostat for 2013, social transfers (excluding pensions) in Ireland reduce poverty by 63.4%. This is above the EU-28 norm of 35.9% and the UK rate of 47.2%. It was above reductions achieved in countries worst affected by the crisis (e.g. Greece 17.5%; Italy 22.4%; Spain 32%; and Portugal 26.7%).[3] Irish social transfers are over 2.5 times more effective in preventing poverty than these other crisis countries.

(c) Social impact assessment of social welfare and budgetary measures

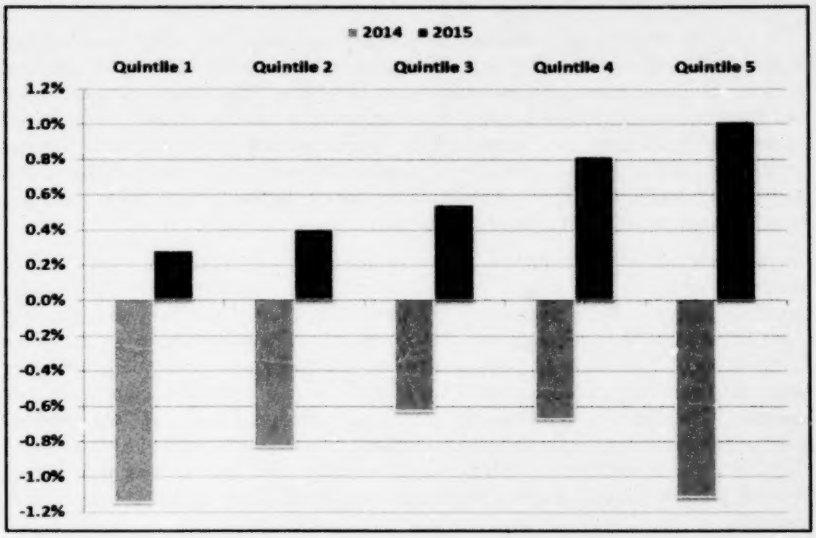
11. The Department of Social Protection undertakes an ex-ante and ex-post social impact assessment (SIA) of welfare budgetary policies. SIA is an evidence-based methodology to estimate the likely distributive effects of policy proposals on income and social inequality using a tax-welfare simulation model known as SWITCH.

12. The Department has published a SIA of the welfare and tax measures for Budgets 2011, 2013, 2014 and 2015.[4] Figure 2 summarises the distributive impact of 2015 measures compared to 2014. For the first time since the economic crisis, budgetary policy will result in an increase of average household income of 0.7% (equivalent of €6 per week). There is a marked difference in the overall distributive impact for 2015 as to 2014, which showed an average loss of 0.8%.

[3] The data from Eurostat for Ireland vary slightly from the national indicators due to the different income concept used.

[4] http://www.welfare.ie/en/Pages/Examples-.aspx

Figure 2
Distributive impact of composite 2015 measures compared with 2014
(Percentage change in household income by equivalised income quintile)



Source: SWITCH, the ESRI tax-benefit model.

Article 2(2)

Reply to the issues raised in paragraph 4 of the list of issues

13. Ireland has comprehensive and robust equality legislation in place, prohibiting discrimination on nine specified grounds. It is not intended to extend these grounds, which already fully protect the rights recognised in ICESCR.

Article 3

Reply to the issues raised in paragraph 5 of the list of issues

14. The 2014 mid-term review of the National Women's Strategy 2007–2015 identified positive impacts achieved under the Strategy, in employment, improving the standard of living and health, and increasing female participation in education, arts and culture.[5] Key outcomes include the establishment of separate executive offices to co-ordinate the responses to violence against women and to human trafficking, which have prepared issue-specific strategies and oversee their implementation with outcomes monitored and published annually. Other significant achievements include the universal availability of breast and cervical cancer screening services; including the announcement in 2014 of the extension of breast screening up to the age of 69; a narrowing of the gender pay gap to 14.4%; increased supports for female entrepreneurs; professionalization of the childcare sector; and a significant focus on gender issues within Ireland's development aid

[5] http://www.genderequality.ie/en/GE/Pages/National%20Women's%20Strategy.

programme. The programme of work on sexual and reproductive health has been particularly successful. Through the Crisis Pregnancy Programme, the number of teen births halved from 1998 to 2012, a period which saw total births increase by 25%. By 2012 teen pregnancies represented just 2% of all births.

15. Five of the top six intermediate occupation groups for women (2011) are in sectors tending to be feminised globally. Analysis suggests that stereotyping still plays a large part in career choices, particularly those made by young women. The Department of Education and Skills has mainstreamed a strong focus on gender equality in schools. A review of apprenticeship training was conducted by the Department (2013/2014) to address weaknesses, including a heavily gendered approach attracting few female participants. It is planned to broaden the range of apprenticeships, and to continue to encourage males and females into non-traditional areas of employment.

16. Home and family remains a female dominated sphere. Once they have children, women's employment rate drops significantly, with almost 500,000 women looking after home and family in 2013, compared to 8,700 men. Significant State investment has been made in the paid childcare sector since 2000, with a focus on increasing supply and, since 2013, on quality. The National Childcare Investment Programme supports the provision of early childhood care and education, at a cost to the State of approximately €260 million annually. This includes provision of a universal free pre-school year and targeted programmes providing quality childcare at reduced rates to disadvantaged and low income working parents. In February 2015, the Government appointed an interdepartmental working group to develop a cross-Government approach to future investment priorities in childcare.

17. The advertising sector, in consultation with the public and civil society, recently renewed its self-governance code which includes provisions aiming to overcome gender stereotypes and the false depiction of women in advertising.

III. Issues relating to the specific provisions of the Covenant

Article 6

Reply to the issues raised in paragraph 6 of the list of issues

18. In 2012 the Pathways to Work strategy was adopted by Government. Subsequent reforms have concentrated on newly unemployed individuals scored as high probability of remaining unemployed, and the long-term unemployed. This focus directs policy to the most disadvantaged among the unemployed, including the groups mentioned in paragraph 92 and any other disadvantaged groups who become unemployed.

Reply to the issues raised in paragraph 7 of the list of issues

19. The Department of Justice and Equality is coordinating a Comprehensive Employment Strategy for People with Disabilities, bringing together actions by Departments and agencies in a concerted effort to address the barriers and challenges that impact on the employment of people with disabilities. The strategy will be published in the second quarter of 2015, forming part of the National Action Plan for Jobs.

20. People with disabilities are a priority for the Department of Social Protection. Over recent years the level of income and employment supports for people with disabilities have been largely maintained, despite the fiscal challenges during this period. The Department provides income and work related supports for people with disabilities, playing an important role in supporting increased participation in the labour force by people with

disabilities. These include the Wage Subsidy Scheme and a supported employment programme (EmployAbility). The Department manages the Disability Activation Project, co-funded with the ESF. The challenge is now to improve on these programmes for people with disabilities by focusing on ability rather than disability and to enhance their potential and achieve greater independence through education, training and employment.

21. The **Wage Subsidy Scheme** (WSS) is a support to the private sector for the employment of people with disabilities. The purpose of this demand-led programme is to increase the numbers of people with disabilities participating in the open labour market. In 2014, 1,550 employees were being supported at a cost of €10.85 million. The WSS provides financial incentives to private sector employers to hire people with a disability for between 21 and 39 hours-week under a contract of employment. The basic subsidy rate is €5.30-hour.

22. The **Disability Activation Project** (DACT) has a budget of €7.13 million with 50% of all costs being met by the Department of Social Protection and 50% by the European Social Fund.

23. There are 14 projects funded under DACT, all located in the Border, Midlands & West region. Some 2,750 people with disabilities will have participated in these projects between 2013 and April 2015.

24. The strategic aim of the DACT is to increase the capacity and potential of people on disability/illness welfare payments to participate in the labour market.

25. The **EmployAbility service** (formerly the Supported Employment Programme) is a national employment service dedicated to improving employment outcomes for job seekers with a disability. It is based on the ethos that participation in employment can be achieved by people with a disability when they are able to avail of individualised supports that are based on their choices and preferences.

26. The service aims to:

- Facilitate the integration of people with disabilities into paid employment in the open labour market;
- Provide supports to assist with this integration process;
- Meet the requirements of employers.

27. The service is open to people 18 to 65 years. In December 2014, 2,936 people were availing of the service, 910 were in employment with supports and 194 were in work experience.

28. A comprehensive review of the EmployAbility programme will present proposals for the future delivery of the service, having regard to the level of demand for supported employment services and the type of service required to effectively meet that demand.

Article 7

Reply to the issues raised in paragraph 8 of the list of issues

29. The National Minimum Wage is relatively high by international standards. The most recent figures published by Eurostat show that Ireland's rate is the fourth highest among the 21 EU Member States that have a National Minimum Wage. When the cost of living is taken into account, the rate is the fifth highest.

30. The Statement of Government Priorities 2014–2016 committed to establishing an independent Low Pay Commission (LPC) on a statutory basis. Its principal function is to

examine and make recommendations on the national minimum wage, with a view to securing that any adjustments to the minimum wage are incremental and have regard to changes in earnings, productivity, overall competitiveness and the likely impact such adjustment will have on employment and unemployment levels.

31. The LPC is tasked to ensure that any advice or recommendations it makes to Government is evidence-based; utilising agreed data, carrying out research and consultations with employers, workers and their representatives and taking written and oral evidence from a wide range of organisations.

32. The LPC is expected to consider official statistics on issues such as labour market projections, real earnings and productivity, current and forecasted economic growth, employment and unemployment rates of workers on low pay, and hours worked in low pay sectors.

Reply to the issues raised in paragraph 9 of the list of issues

33. A key commitment provided for in the Statement of Government Priorities 2014–2016 is commissioning a study into the prevalence of zero-hour and low-hour contracts and their impacts on employees.

34. The objectives of the study are:

- To fill the gap that currently exists in terms of the hard data and information that is available concerning the prevalence of zero-hour and low-hour contracts in the economy and the manner of their use;
- To assess the impact of zero hour and low hour contracts on employees;
- To enable the Minister for Jobs, Enterprise and Innovation to make evidence-based policy recommendations to Government on foot of the study.

35. Employers, trade unions, Departments, state bodies and other stakeholders will be canvassed to contribute to the study, which is expected to be completed within six months of commencement.

Reply to the issues raised in paragraph 10 of the list of issues

36. The **Criminal Law (Human Trafficking) (Amendment) Act, 2013** extends the definition of human trafficking to include trafficking for forced begging and trafficking for criminal activities for financial gain. The term "forced labour" as used in the **Criminal Law (Human Trafficking) Act 2008** has been defined in the 2013 legislation, and is based on the definition set out in the International Labour Organization (ILO) Convention No. 29 of 1930 on Forced or Compulsory Labour.

37. In 2014, the Minister for Foreign Affairs and Trade introduced guidelines for members of diplomatic missions in Ireland intending to employ private domestic workers. Diplomatic staff of embassies or consulates who wish to employ private domestic workers are expected to demonstrate respect for Irish laws and good employment practice. The guidelines clearly set out the expectations regarding payment, employment records, health insurance, and social security.

38. Ireland ratified the ILO Maritime Labour Convention 2006 on 21 July 2014 and the ILO Domestic Workers Convention 2011 on 28 August 2014. Ireland signed a Protocol and Recommendation to the ILO Convention No. 29 on Forced Labour in June 2014.

39. The Department of Justice and Equality allocated €4,000 to the NGO Migrants Rights Centre of Ireland to support their work with victims of trafficking for labour exploitation in 2013 and 2014.

40. The following table sets out the number of allegations of human trafficking for labour exploitation investigated by An Garda Síochána from the enactment of the Criminal Law (Human Trafficking) Act 2008 to the end of 2013. There have been no prosecutions or convictions for trafficking for labour exploitation under the Act.

Table 1
Allegations of human trafficking for labour exploitation

Year	*Labour Exploitation*	*Sexual and labour exploitation*
2009	18	–
2010	19	–
2011	13	2
2012	6	–
2013 (provisional)	8	1

Article 8

Reply to the issues raised in paragraph 11 of the list of issues

41. In December 2014, Government approval was granted to legislate for an improved framework for workers who seek to better their terms and conditions where collective bargaining is not recognised by their employer. The draft legislation is anticipated to become law in 2015.

42. The legislation will fulfil Government's commitment to reform the law to ensure compliance by the State with recent judgements of the European Court of Human Rights

43. The proposals are derived from a lengthy consultation process involving extensive engagement with stakeholders, with a view to arriving at broadly acceptable proposals that will give clarity to employers and operate effectively for workers.

44. The proposals respect Ireland's voluntary Industrial Relations system but ensure that where an employer chooses not to engage in collective bargaining either with a trade union or an internal "excepted body" the new legislation will ensure there is an effective means for a union, on behalf of members in that employment, to have disputed remuneration, terms and conditions assessed against relevant comparators and determined by the Labour Court if necessary.

45. The Government has no plans to change the existing legislative provisions governing negotiation licences.

Article 9

Reply to the issues raised in paragraph 12 of the list of issues

46. Ireland has a mixture of a public universal and a voluntary, private health insurance system. The majority of health funding is provided through the taxation system and private health insurance provides an additional source of funding. The tax funded universal system covers the whole population guaranteeing health-care either free of charge or at subsidised rates. The private health insurance regulatory system is based on the key principles of community rating, open enrolment, lifetime cover and minimum benefit and aims to ensure that private health insurance does not cost more for those who need it most.

47. The Health Insurance (Amendment) Act, 2012 established a new permanent Risk Equalisation Scheme (RES), effective from 1 January 2013.RES is designed to protect community rating by making it easier for older people to afford private health insurance.

48. A Health Insurance (Amendment) Act is required annually to set the revised risk equalisation credits and corresponding stamp duties that will apply for the following year. In line with Government policy, the effectiveness of the scheme for older age groups has increased incrementally in recent years. The "effectiveness" of the RES in 2015 (the extent to which it compensates for the higher costs of older customers) will continue to improve in the older age groups. Most people over 70 hold products providing for advanced cover. The revised rates in 2015 will compensate for 81% of the higher claims costs for those over 70 and 88% of higher claims costs for those over 80.

Reply to the issues raised in paragraph 13 of the list of issues

49. Self-employed workers may access social welfare supports by establishing eligibility to assistance-based payments such as jobseeker's and disability allowances. Self-employed workers can apply for means-tested jobseeker's allowance if their business ceases or if they are on low income due to of a downturn in demand for their services. In assessing means from self-employment, income from the previous twelve months is an indicator of likely future earnings.

50. In 2011, the Advisory Group on Tax and Social Welfare began examining issues involved in extending social insurance coverage for self-employed people in order to establish whether such cover is technically feasible and financially sustainable. Any proposals for change must be cost neutral.

51. The Group (2013) found that the system of means tested jobseeker's allowance payments adequately provides cover to self-employed people for the risks associated with unemployment. Almost 90% of self-employed people who claimed means tested jobseeker's allowance between 2009 and 2011 received payment. The Group was not convinced that there was a need to extend social insurance for the self-employed to provide cover for jobseeker's benefit.

52. The Group found that extending social insurance for the self-employed was warranted in cases related to long-term sickness or injuries. The Group recommended extending the benefits available to the self-employed to provide cover for people who are permanently incapable of work, due to long-term illness or incapacity, through the invalidity pension and the partial capacity benefit schemes. The Group recommended that extension of social insurance should be on a compulsory basis and the rate of contribution for the self-employed should be increased by at least 1.5%.

53. This recommendation requires further consideration in conjunction with the findings of the most recent Actuarial Review of the Social Insurance Fund (31 December 2010) which indicated that the self-employed achieve better value for money compared to the employed when the comparison includes both employer and employee contributions. The review found that the effective annual rate of contribution needed to provide the full-rate State pension available to self-employed contributors is approximately 15%. The recommendations contained in the Report of the Advisory Group on Tax and Social Welfare will be kept under review in the medium term taking into account future developments in the budgetary and fiscal situation.

Reply to the issues raised in paragraph 14 of the list of issues

54. There are no plans to review the procedure and application of the habitual residence condition on social assistance payments. The Department of Justice and Equality considers, where asylum seekers are concerned, that such persons are only granted a temporary

permission to remain in the State while their asylum application is being processed, and, therefore, it would seem appropriate that they should not be considered to be habitually resident. A Working Group to report to Government on what improvements can be made to the protection process, including Direct Provision and supports to applicants, was established in October 2014 and is due to report in April 2015. The Working Group is considering all aspects of the protection system including the application of the habitual residence condition to asylum seekers.

55. The biggest problem occurring in relation to accessing social assistance payments for victims of domestic violence arose not from the habitual residence condition but from not having the right to reside in Ireland. Where the victim of domestic violence derived the right to reside solely from his/her marriage/partnership/co-habitation with the abusing party, leaving this party resulted in the loss of the right to reside. Any applicant for social assistance must have the right to reside in Ireland before accessing an assistance payment, and without having that right would not pass the habitual residence condition. Department of Justice and Equality, in order to deal with such situations, has commenced issuing "Stamp 4's" to genuine victims of domestic violence. This gives the victim the right to reside and work in his/her own right and not as a dependent of someone else. As each applicant for social assistance who is asked to complete a HRC form is treated on his/her own merit, an applicant who has been here for some time and has formed an attachment to the country and can demonstrate that it is his/her intention to remain here, should have no difficulty with the habitual residence condition.

56. In applying the Habitual Residence Condition to all claimants for social assistance, both national and EU legislation are observed and our national legislation in relation to the HRC is derived from and in accord with the EU Court of Justice jurisprudence.

Article 10

Reply to the issues raised in paragraph 15 of the list of issues

57. The Programme for Government committed to putting National Standards for Residential Services for People with Disabilities on a statutory footing, to ensure that services could be inspected by the Health Information and Quality Authority (HIQA). The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were approved by the Minister for Health, effective from 1 November 2013.

58. The introduction of registration and inspection represents a significant advance in delivering consistent and high quality services for people with disabilities in residential services. The regulations safeguard and support the delivery of person-centred care to vulnerable people of any age who are receiving residential care services and ensure that their health, well-being and quality of life is promoted and protected.

59. Compliance with the HIQA standards is a requirement under the Service Level Arrangements between the Health Service Executive (HSE) and voluntary service providers in the disability sector. HIQA has published over 660 inspection reports and the lessons learned from them are continuing to improve wider services and ensure that clients are safe, secure and happy in their care.

Article 11

Reply to the issues raised in paragraph 16 of the list of issues

60. The **National Action Plan for Social Inclusion 2007–2016** (NAPinclusion) sets out a comprehensive programme of action to tackle poverty and social exclusion. It uses a lifecycle approach which places the individual at the centre of policy development and delivery by assessing the risks facing him/her and the supports available at key stages of the lifecycle.

61. Examples of progress in respect of the Plan's high level goals (HLGs):

- HLG1: Ensure that targeted pre-school education is provided to children from urban primary school communities covered by the Delivering Equality of Opportunity in Schools (DEIS) action plan.[6] This was completed by the introduction of a free school year for all children in 2010 by the Department of Children & Youth Affairs;
- HLG2: Reduce the proportion of pupils with serious literacy difficulties in primary schools serving disadvantaged communities. The target is to halve the proportion from the current 27%–30% to less than 15% by 2016 Research carried out in DEIS urban primary schools showed consistent improvement in the literacy and numeracy levels of pupils, based on testing carried out in 2007, 2010 and 2013;
- HLG3: Work to ensure that the proportion of the population aged 20–24 completing upper second level education or equivalent will exceed 90% by 2013. This target has been achieved. Of the 2008 entry cohort, the percentage of students who sat the Leaving Certificate in 2013 or 2014 has risen to 90.56%;
- HLG4: Maintain the combined value of child income support measures at 33%–35% of the minimum adult social welfare payment rate over the course of this Plan and review child income supports aimed at assisting children in families on low income. The NAPinclusion income support target for children was achieved in 2011 and 2012.

62. NAP inclusion is supported by a range of initiatives:

- The **National Social Target for Poverty Reduction** sets out the Government's ambition for reducing and ultimately eliminating poverty. The target is to reduce consistent poverty to 4% by 2016 (interim target) and to 2% or less by 2020, from the 2010 baseline rate of 6.3%, with additional targets for children and Ireland's contribution to the Europe 2020 poverty target;
- The Government, and the European Commission, have identified child poverty as meriting specific policy attention. In April 2014, a **child-specific social target** was set out in Better Outcomes, Brighter Futures: the National Policy Framework for Children and Young People 2014–2020. The target aims to lift over 70,000 children out of consistent poverty by 2020, a reduction of two-thirds on the 2011 level;
- The most recent official statement on progress towards meeting the national social target for poverty reduction and supporting indicators is the **Social Inclusion Monitor 2012**. The Monitor arises from a Government commitment to strengthen

[6] Delivering Equality of Opportunity in Schools (DEIS) the Action Plan for Educational Inclusion, was launched in May 2005 and remains the Department of Education and Skills policy instrument to address educational disadvantage. The action plan focuses on addressing and prioritising the educational needs of children and young people from disadvantaged communities, from pre-school through second-level education (3 to 18 years).

implementation of the target by reporting in a regular, timely and accessible manner. It is primarily based on the findings of the Survey on Income and Living Conditions (SILC) 2012, undertaken by the Central Statistics Office.

Table 2
Consistent poverty

	Consistent poverty[7]				*Share*
	2010	*2011*	*2012*	*2013*	*2013*
National rate	6.3%	6.9%	7.7%	8.2%	100%
Children (0–17 years) %	8.8%	9.3%	9.9%	11.7%	37.8%
Children (0–17 years) Nos.	99,000	107,000	115,000	138,000	n/a
Individuals in households with children	8.3%	8.8%	9%	Not available	n/a
Individuals in household without children	3.6%	4.2%	5.9%	Not available	n/a
Lone parent families	13.6%	16.4%	17.4%	23%	17.1%

Travellers/Roma

63. The SILC dataset will not facilitate disaggregation for all vulnerable groups. Membership of the Traveller and Roma communities are outside of current SILC focus. As a result consistent poverty rates for Travellers and/or Roma are not available.

64. Local Authorities adopted the 4th round of Traveller Accommodation Programmes by 30 April 2014, to run from 2014–2018. These programmes provide a road map for local authority investment priorities in Traveller accommodation over the five years of the Programmes.

65. In accordance with the Housing (Traveller Accommodation) Act 1998, housing authorities are statutorily required to prepare and adopt multi-annual Traveller Accommodation Programmes to meet the accommodation needs of Travellers in their areas. Accommodation for Travellers is provided across a range of options including standard local authority housing. The Department of the Environment, Community & Local Government provides 100% funding to local authorities for Traveller-specific accommodation. Traveller families are also accommodated in local authority social housing dwellings which are funded through the main local authority social housing capital programmes. These include private housing assisted by local authorities or voluntary organisations, private rented accommodation and through their own resources. The vast majority of Travellers are accommodated in standard housing. Travellers are free to express a preference for any form of accommodation through the assessment of needs process.

66. The 2013 Housing Needs Assessment indicates that only 2% of households on the housing waiting list require Traveller-specific accommodation. These requirements are being addressed in the current course of the 2014–2018 Traveller Accommodation Programmes. Most of those who qualified for Social Housing (89%) did not have a specific accommodation requirement.

[7] The consistent poverty indicator is the overlap of two component indicators: (i) at-risk-of-poverty – which measures individuals whose household income is below 60% of the median; and (ii) basic deprivation – which captures individuals lacking 2 or more of 11 basic necessities. A person is in consistent poverty if they are both income poor and deprived.

Reply to the issues raised in paragraph 17 of the list of issues

67. The Minister of State at the Department of Environment, Community and Local Government was given special responsibility for coordination of the Construction 2020 Strategy (May 2014). The Government established a Cabinet Committee on Construction 2020, Housing, Planning and Mortgage Arrears.

68. Action 2 of the Construction 2020 Strategy commits to establishing a Housing Supply Coordination Taskforce for Dublin with an immediate focus on addressing supply-related issues. The Task Force will work closely with industry and other parties, including those responsible for key infrastructure such as schools, to identify and address obstacles to viable and appropriate development.

69. Action 8 of Construction 2020, the preparation of a Social Housing Strategy, contains measurable and innovative actions to be taken to increase the supply of social housing and reduce the number of people on waiting lists.

70. The social housing funding provision for 2015 has been increased by over €200 million, with capital funding increasing by €180 million, allowing for significant expansion in social housing provision.

71. The Social Housing Strategy 2020: Support, Supply and Reform commits to supporting up to 75,000 households through an enhanced private rental sector, over a 6 year period. The implementation of the Housing Assistance Payment (HAP) is a key Government priority and a major pillar of the Strategy.

72. HAP is being designed to bring together all the social housing services provided by the State.

73. HAP will transfer the responsibility for the provision of rental assistance to those with a long-term housing need from the Department of Social Protection (rent supplement scheme) to local authorities, under the auspices of the Department of the Environment, Community and Local Government. This policy will return rent supplement to its original purpose as a short-term income support measure.

74. HAP will allow the local authorities to provide an integrated suite of social housing supports and will allow recipients of the scheme to take up full-time employment (unlike rent supplement) whilst potentially retaining an entitlement to HAP payments. This is in line with the Government's "Pathways to Work" strategy to remove any barriers to employment. HAP will improve regulation of the rented accommodation being supported and provide certainty for landlords regarding their rental income.

75. There are now over 1,000 households in receipt of HAP across the local authorities in the statutory pilot scheme. The Social Housing Strategy 2020: Support, Supply and Reform has set a target of supporting 8,400 households through HAP by the end of 2015.

76. **Reception and Integration Agency** is a functional unit of the Irish Naturalisation and Immigration Service (INIS), in the Department of Justice and Equality. RIA provides accommodation and ancillary services to asylum seekers under the Direct Provision system which provides asylum seeker residents with full board accommodation free of utility or other cost.

77. RIA seeks to ensure that the material needs of residents, in the period during which their applications for international protection are being processed, are met.

78. Direct provision, introduced in 2000 to deal with a large influx of asylum seekers sleeping on the streets, provides asylum seekers with full-board accommodation and certain ancillary services while their applications are being processed. There is no obligation upon asylum seekers to avail of the accommodation offered by RIA.

79. The Statement of Government Priorities 2014–2016 commits to addressing the current system of Direct Provision to make it more respectful to the applicant and less costly to the taxpayer. An independent Working Group to report to Government on what improvements can be made to the protection process, including Direct Provision and supports to applicants, was established in October 2014. It is chaired by retired High Court Judge Bryan McMahon and membership is drawn from a range of interests in the international protection area including UNHCR, non-governmental organisations, the protection seeker community, academia and relevant Government Departments. The Working Group is due to report to Government in April 2015.

80. The Statement of Government Priorities commits to legislate to reduce the length of time the applicant spends in the system, through establishing a single applications procedure, by way of a Protection Bill. This will simplify and streamline existing arrangements and provide applicants with a final decision in a straightforward and timely fashion, consequently reducing the length of time that applicants spend in the Direct Provision system. The new Protection Bill is expected to be approved and published by the Government in March 2015. The aim is to have the Bill enacted and the single procedure introduced in late 2015.

Reply to the issues raised in paragraph 18 of the list of issues

81. Under the Special Action Group on Obesity (SAGO) a number of actions have taken place to ensure access to healthy food choices. These include – calories on menus, in particular fast food outlets; revised Healthy Eating Guidelines; and local Healthy Eating Initiatives, such as "Healthy Food Made Easy" and "Cook it!" support families on a low-income to develop skills around preparing home cooked food.

82. The School Food Scheme (Healthy School Meals Programme) offers funding for healthy school meals and is funded by the Department of Social Protection. Dieticians in the Health Service Executive (HSE) support the Scheme locally. The Scheme has been rolled out to 1,600 schools and 205,000 children aged 5–18 have benefitted.

83. In the Community Food Initiatives Programme 2013–2015 over 12,000 individuals participated in projects that supported development of skills around growing food, healthy eating and cooking. The findings are at www.healthyfoodforall.com. A Pilot Programme of Breakfast Clubs in north Dublin established clubs in 4 schools (January 2013–June 2014). Over 100 children attended daily. A policy briefing based on the evaluation of the programme was developed and a national programme of breakfast clubs is being considered.[8]

84. The National Food and Nutrition Policy was put on hold while the Department of Health reviewed the area of Health Promotion widely and then established Healthy Ireland. Healthy Ireland is the framework for action to improve health and wellbeing. It focuses on prevention and keeping people healthier for longer.

85. An Obesity Policy Action Plan is being developed and will be available by the end of 2015. A proposal for a National Nutrition Action Plan is being developed.

[8] http://healthyfoodforall.com/news/2014/09/tanaiste-joan-burton-td-launched-report-called-supporting-development-breakfast-clubs-st-eithnes-girls-national-school-edenmore-raheny-22nd-september/.

Reply to the issues raised in paragraph 19 of the list of issues

86. Public water services in Ireland are delivered by Irish Water, a State owned water utility established by the Water Services Act 2013. Irish Water assumed responsibility for public water services on 1 January 2014. The Government is totally opposed to the privatisation of public water services. There is no question of the services being privatised. The 2013 Act provided that the ownership of the company is fully vested in the State while the 2014 Act provides that any proposal by a future Government for legislation that would involve any change in the State's ownership of Irish Water would require the approval of both Houses of the Oireachtas and any proposal would have to be put to the people via a plebiscite before such legislation could proceed.

87. Charges for domestic customers came into effect on 1 January 2015. All charges levied by Irish Water are subject to the approval of the Commission for Energy Regulation, which acts as the economic regulator for Irish Water. The primary role of the Commission is to protect the interests of the customers of Irish Water.

88. Irish Water is required to comply with EU and national statutory quality standards for the quality of the drinking water it supplies and the quality of waste water discharges it is responsible for. With regard to drinking water quality and the treatment of sewage, Irish Water's compliance with the statutory requirements is supervised by the Environmental Protection Agency. The Agency reports annually on Irish Water's performance in these areas. The Agency investigates any complaints made by consumers and it has powers of enforcement and prosecution for non-compliance. Where Irish Water considers that a drinking water supply it provides may entail a risk to public health, it has a statutory obligation to contact the Health Service Executive (HSE) and, subject to the agreement of the HSE, to ensure that the supply of such water is prohibited or restricted or such other action is taken as is necessary to protect human health.

89. To ensure that water charges are affordable for households, the Government recently introduced legislation, which sets a maximum level of charges to apply to domestic customers in the period 1 January 2014 to 31 December 2018. These provisions are set out in the Water Services Act 2014 and set a maximum level of charges of €160 for a single adult household or €260 for a household with two or more adults. While Irish Water will be expected to collect charges from all of its customers, it is prohibited from either disconnecting or reducing the supply to a household that has not paid its water bill.

90. To support water conservation and to assist households with the affordability of water services, the Government introduced a water conservation grant, which can be obtained by all eligible households, irrespective of where they receive their water supply or waste water services (be it from Irish Water or any another source such as a private well or, in the case of waste water, a septic tank). The grant will be payable from 2015 onwards.

Article 12

Reply to the issues raised in paragraph 20 of the list of issues

91. The objective of the Government's health reform programme is to deliver equal access to timely healthcare for all through a system of universal health insurance. Government approach to addressing the perceived acute bed shortage is to reduce over-reliance on the acute sector and to develop care in more appropriate settings. This approach is drawn from the HSE comprehensive review of acute bed capacity (2007) which recommended, *inter alia*, moving to a community and day case based health system which is more consistent with best practice in Ireland and internationally and capable of providing better care and better results.

92. The service reform "pillar" of Future Health commits to "move away from the current hospital-centric model of care towards a new model of integrated care which treats patients at the lowest level of complexity that is safe, timely, efficient, and as close to home as possible. This will help to reduce costs, improve access and move from the existing emphasis on episodic reactive care towards preventative, planned and well co-ordinated care. This is particularly important for the growing numbers of people with chronic conditions and those with two or more diseases and disorders".

93. The management of competing demands for emergency and scheduled care requires changes in how and where patients are treated. The movement of care and treatment from in-patient to day case and from day case to Outpatient Departments is most important, as is ensuring the appropriate ratio of new to return appointments, reducing unnecessary return appointments. Further increasing day case surgery rates for specific procedures will be important in improving elective access within available capacity.

94. As a result of the financial crisis, between 2008 and 2011 €1.5 billion was taken out of the health budget. Health spending remained flat in the intervening years with a modest increase provided for in 2015. Where possible, reductions in the health budget during these years were concentrated in areas with minimal impact on service delivery such as reducing the cost of drugs and medicines and reductions to the pay bill through staff reductions, pay cuts and the introduction of a pension levy. The goal was to cut the cost of the service rather than to reduce the level or quality of the service, to increase efficiency and to accelerate the pace of health service reform. During this period, the health system supported increased demand for its services with the population of the State increasing by 8% and the proportion of persons aged 65 years and over increasing by one fifth.

95. Despite reduced levels of funding from 2008 onwards, the health service delivered significant improvements in productivity (including improved patient throughput) and an increase in the range of services (e.g. cancer services) delivered. By 2013, life expectancy had increased by four years from 2000 and was above the EU average. Mortality rates from circulatory system diseases fell by 35% between 2003 and 2012 and cancer death rates reduced by 11%.

96. It is accepted that in recent years the health system has found it increasingly difficult to meet the challenge of restricted funding levels in the light of the increase in and ageing of the population.

97. These increased budget parameters for 2015 have allowed the HSE to prepare a 2015 Service Plan which provides for the delivery of existing levels of service, with a number of targeted enhancements, and the progression of key elements of the health service reform programme.

98. One of these enhancements is the implementation of the first two phases of a universal General Practitioner (GP) service, making available a GP service without fees to all children under 6 years and everyone over 70 years. By the end of 2015, almost half of the population will have access to a GP without charges.

99. The development of primary care services is a key element of the overall health reform programme. A number of measures will be taken in 2015 to further develop primary care services and allow more people to receive a range of services in their own community. The 2015 Service Plan provides for the establishment of Community Healthcare Organisations which will improve the way in which primary care in the community is delivered. Additional funding is being provided for primary care developments in 2015 including the extension of the pilot ultrasound GP access project and the provision of additional minor surgery services in agreed GP practices and primary care centres.

100. The reorganisation of public hospitals into Hospital Groups is designed to deliver improved outcomes for patients. Groups will work together to provide acute care for patients in their area integrating with community and primary care. The objective is to maximise the amount of care delivered locally while ensuring that specialist and complex care is safely provided in larger hospitals.

Traveller Health Units and Primary Health Care Projects

101. It is not possible to accurately measure the impact of specific interventions on the health outcomes of different groups as ethnic or cultural identifiers are not used to identify service users. This results in activity being measured rather than impacts or outcomes.

102. Positive steps have been affected towards improving Traveller health outcomes. The overall structure of the HSE National Traveller Health Advisory Forum — comprising health service staff, Traveller Health Unit (THU) representatives and Traveller representation — continues to provide a strategic and operational framework towards promotion of a consistent approach across THUs to addressing Traveller health priorities identified in the All Ireland Traveller Health Study. Efforts are promoted in respect of aligning primary care health work within the THUs with existing clinical programmes.

103. The HSE Service and Operational plans (2015) provide a clear picture of agreed actions to be carried out in respect of Traveller and Roma health:

- Roll out the asthma education programme in 3 further THUs in partnership with the Asthma Society of Ireland;
- Work within the context of the Diabetes Clinical Programme and in collaboration with local Diabetes Services to ensure Travellers are supported to access appropriate services and supports;
- Deliver an education programme aimed at reducing the risk of diabetes and cardiovascular disease in the Traveller community (2 THUs);
- Work with the National Office for Suicide Prevention to reduce incidence of Traveller suicides and to implement actions aimed at improving mental health of this cohort;
- Apply findings of Taillight Roma Integration report and associated seminar reports by Pavee Point towards further targeted projects aimed at improving Roma health;
- Address recommendations of the Ombudsman enquiry/ report into removal of Roma children in partnership with Children First Lead.

104. Although overall priorities are identified, each THU carries out activities based on locally identified needs. A range of activities are affected in this way, with reporting increasingly tailored towards measuring outputs rather than descriptive inputs. Innovative projects have been supported, with built-in reporting criteria for informing ongoing adaptation, learning and potential replication across all THUs. Initiatives such as the Asthma Education programme, Travelling to Wellbeing (Suicide prevention) and other projects aimed at enhancing mental health service delivery are supported and funded.

Reply to the issues raised in paragraph 21 of the list of issues

105. A service improvement plan for the **Child and Adolescent Mental Health Services (CAMHS)** service has been commenced by the HSE, to improve access and use of CAMHS in-patient and community services.

106. *A Vision for Change,* the Report of the Expert Group on Mental Health Policy (2006) adopted as Government Policy, recommends the provision of 80 child and

adolescent psychiatric in-patient beds. There are 23 child and adolescent beds in Dublin, 12 in Cork and 20 in Galway, with more planned. Improved community-based services and an increase in bed capacity will reduce the practice of placing children and adolescents in adult psychiatric facilities. Further in-patient capacity will be available with the completion of the CAMHS Forensic Unit as part of developing the National Forensic Mental Health Service, and the National Children's Hospital.

107. The inappropriate admission of children to adult psychiatric units is a key priority action in the HSE Service Plan for 2015. Draft 2014 figures indicate there were 89 admissions. Progress in this area has been significant, evidenced by 247 admissions in 2008. This number has since been declining annually.

Closure of "old" Psychiatric Hospitals, Modernisation of Community Mental Health Services

108. Recent Government policy has seen a move away from the traditional based model of care to a more patient-centred, flexible and community-based service, where the need for hospital admission is greatly reduced while still providing in-patient care, as appropriate. The Government has provided for the development and modernisation of the services in line with the recommendations of *A Vision for Change*, with additional posts to strengthen Community Mental Health Teams for adults and children. This enhances specialist community mental health services for older people with a mental illness, those with an intellectual disability and mental illness, forensic mental health services and suicide prevention initiatives.

109. Over 1,150 new posts have been approved for Mental Health since 2012.

110. To date, a total of 19 older psychiatric hospitals have closed completely, or closed to new admissions since the publication of *A Vision for Change*.

111. The focus of the HSE is to develop the General Adult, Psychiatry of Old Age and Child and Adolescent Community Mental Health Teams structures nationally. At present there are 25 Psychiatry of Old Age Community Mental Health Teams.

112. The Report *Time to Move on from Congregated Settings – A Strategy for Community Inclusion* proposes a model of support in the community moving people from congregated settings to the community in line with Government policy. The Report identifies that around 4000 people with disabilities live in congregated settings, residential settings where people live with ten or more people. Notwithstanding the commitment and initiative of dedicated staff and management, there were a significant number of people still experiencing institutional living conditions where they lacked basic privacy and dignity, and lived their lives apart from community and families. The deinstitutionalisation programme is being delivered through the Department of Health and the Department of the Environment.

113. To ensure that the needs of people transitioning from congregated settings are fully taken into account during the process, the model of care for individuals will be based on a Person Centred Plan (PCP). The PCP may change over time in line with an individual's needs and circumstances and the model of service delivery applicable at a particular time.

Reply to the issues raised in paragraph 22 of the list of issues

114. Since 2001, alcohol consumption per adult has reduced. In 2013 alcohol consumption per adult was 10.64 litres. Patterns of drinking, especially drinking to intoxication, play an important role in causing alcohol-related harm.

115. The Health Research Board concluded in its 2013 report[9] that harmful drinking is the norm, particularly for men and women under 35:

- 54% of drinkers (aged 18–75) were classified as harmful drinkers, equating to 1.35 million;
- 75% of all alcohol was consumed as part of a binge drinking session;
- Drinkers underestimate their alcohol intake by 61%.

116. The General Scheme of the **Public Health (Alcohol) Bill 2015** is part of a comprehensive suite of measures to reduce excessive patterns of alcohol consumption and the harms caused by the misuse of alcohol as noted in the *Report of the Steering Group on a National Substance Misuse Strategy, 2012*. The aim is to reduce alcohol consumption to the OECD average by 2020 (9.1 litres of pure alcohol per capita) and alcohol-related harms.

117. The recommendations in the Strategy are grouped under five pillars: Supply Reduction (availability), Prevention, Treatment, Rehabilitation and Research.

118. The First Annual Report on the National Substance Misuse Strategy is due in Quarter 3 2015. It will outline progress on the implementation of recommendations of the Steering Group on the Strategy, the target for reduction in annual per capita consumption of pure alcohol, and key performance indicators.

Reply to the issues raised in paragraph 23 of the list of issues

119. The Protection of Life During Pregnancy Act 2013 was enacted on 30 July 2013 and commenced on 1 January 2014. It regulates access to lawful termination of pregnancy in accordance with the *X* case and the judgment of the European Court of Human Rights in the *A, B and C v. Ireland* case. (Article 40.3.3 of the Constitution, as interpreted by the Supreme Court in *Attorney General v. X*, provides that it is lawful to terminate a pregnancy in Ireland if it is established as a matter of probability that there is a real and substantial risk to the life, as distinct from the health, of the mother, which can only avoided by a termination of the pregnancy.) Its purpose is to confer procedural rights on a woman who believes she has a life-threatening condition, so that she can have certainty as to whether she requires this treatment or not.

120. The Act upholds the right to life of the unborn where practicable, and the right to life of a pregnant woman whose life is threatened by her pregnancy, as required by Article 40.3.3. The Act creates procedures which apply to the lawful termination of pregnancy. The objectives of these procedures are, firstly, to ensure that, where lawful termination of pregnancy is under consideration, the right to life of the unborn is respected where practicable, and secondly to ensure that a woman can ascertain by means of a clear process whether she is entitled to medical treatment to which the Act applies.

121. A referendum would be required to broaden the scope of the Protection of Life During Pregnancy Act. The Government does not intend to propose any amendments to the Act or Article 40.3.3 of the Constitution at present.

122. The Guidance Document for the Protection of Life During Pregnancy Act 2013 was published on 19 September 2013 on the Department of Health website.[10] This Document is designed to assist professionals in the practical operation of the provisions of the Protection of Life During Pregnancy Act and includes identifying referral pathways to fulfil the

[9] *Alcohol Consumption in Ireland 2013*: Analysis of a National Alcohol Diary Survey, 2013.

[10] http://health.gov.ie/blog/publications/implementation-of-the-protection-of-life-during-pregnancy-act-2013-guidance-document-for-health-professionals/.

requirement of the Act, and other relevant matters. An independent committee of experts was set up in September 2013 to develop this Guidance Document for health professionals and assist them in implementing the Act.

123. The freedom to travel to another state for a termination of pregnancy and to obtain information in relation to this service is guaranteed in Article 40.3.3 of the Constitution, as amended by referendum in 1992.[11]

124. The *Regulation of Information (Services outside the State for Termination of Pregnancies) Act 1995* sets out the conditions under which information relating to services lawfully available in another State might be made available within the Irish State. The Act permits a doctor or advice agency to provide abortion information to pregnant women in the context of full counselling as to all available options, and without any advocacy of abortion.

125. In 2013 just over €3 million was provided directly to 15 State funded crisis pregnancy counselling services through the HSE Crisis Pregnancy Programme. These services operate out of more than 50 locations nationwide. Approximately 4,000 women attend State funded Crisis Pregnancy Counselling Services for crisis pregnancy counselling annually, a number of which attend for more than one appointment. The woman's partner and or family members also attend these services for support.

126. These services are advertised through the Positive Options information campaign, which promotes the availability of free, HSE funded crisis pregnancy counselling services through a range of advertising channels. The site provides a mechanism for people to make contact with a State-funded service, a GP or other reputable service. The site received over 100,000 visits and approximately 5,000 text messages were received requesting crisis pregnancy counselling information in 2013. In 2013, 66% of the target audience was aware of the "Positive Options" campaign and its message that "talking to a counsellor can help".

127. Many crisis pregnancy services also provide post abortion counselling and a number of them support access to free post abortion medical check-ups. The HSE continues to roll out a campaign to increase awareness among women that post-abortion services are available in Ireland. The Abortion Aftercare campaign, which consists of targeted online and print advertisements, encourages women who have had an abortion to attend for post-abortion medical check-up and promotes the availability of free post-abortion counselling.

128. Section 10 the Protection of Life During Pregnancy Act provides a mechanism for a woman, where she so requests, to have access to a review within a defined time period of the clinical assessment being made by the original clinical team. The formal review process is also open to any woman who has been unable to obtain an opinion from a doctor, either because the doctor was unable or unwilling to provide such opinion.

129. Specialists/Doctors responsible for assessments under the Act are required by the legislation to inform the woman in writing of the review option and to provide her with the necessary information so that she or someone on her behalf can submit an application in this regard. A medical practitioner who has previously been consulted in a case is disqualified from sitting on a Review Committee for the same case.

[11] Article 40.3.3 further states "This subsection shall not limit freedom to travel between the State and another State. This subsection shall not limit freedom to obtain or make available, in the State, subject to such conditions as may be laid down by law, information relating to services lawfully available in another state."

Articles 13 and 14

Reply to the issues raised in paragraph 24 of the list of issues

130. Policy on Traveller education is underpinned by the *Report and Recommendations for a Traveller Education Strategy*, 2006, launched following consultation with stakeholders including Traveller representative groups.

131. Inclusion is at the core of the Strategy and the focus of current provision is on the development of a more inclusive school environment through the whole school planning process, teaching practice, admissions policies, codes of behaviour and whole school evaluation. Additional resources provided are allocated on the basis of identified individual educational need rather than that of ethnic or cultural background.

132. Important policy changes have taken place since the Traveller Education Strategy was published:

- A parent-friendly, equitable and consistent framework to regulate school admissions policy for all 4,000 primary and post-primary schools is proposed under the **Education (Admissions to School) Bill**.
- **Transfer of Pupil Information by Schools** requires all primary schools to provide information on students moving to second level schools. This is aimed at ensuring a rounded picture of children's ability and achievement at primary school, and is particularly important for Travellers where the transition from primary to post-primary school can be an issue.
- **Anti-Bullying Procedures** give guidance to schools in preventing and tackling school-based bullying behaviour. Funding has been provided for training and awareness programmes for pupils, teachers and parents, including Traveller and Roma parents, in relation to anti-bullying initiatives in schools.
- The **National Induction Programme for Teachers** provides an interactive workshop that focuses on the classroom environment and classroom planning to support inclusion. Developing strategies to ensure the inclusion of all pupils/students including those from minority groups are a key feature of the programme.

Reply to the issues raised in paragraph 25 of the list of issues

133. Department of Education and Skills data indicates that 24% of pupils in DEIS schools progress directly to higher education, compared to 49% by pupils in non-DEIS schools.[12] This is the correct progression (as distinct from entry) rate. Pupils in DEIS schools have higher rates of progression to further education (27%), compared to (18%) in non-DEIS schools.

134. A new National Plan for Equity of Access to Higher Education will be published 2015. The Plan will include work to strengthen links between higher education, schools and communities where participation is below average. The Plan will set objectives and targets to increase access to higher education by further education graduates. Integral to this will be work by clusters of universities, institutes of technology and other colleges, to map and develop pathways to the higher education. The Plan is one component of a whole-of-education approach to access, being developed by the Department.

[12] http://www.education.ie/en/Publications/Statistics/School-Completers-What-Next-.pdf

Reply to the issues raised in paragraph 26 of the list of issues

135. A number of sections of the Education for Persons with Special Educational Needs (EPSEN) Act have commenced, principally those establishing the National Council for Special Education (NCSE) and those promoting an inclusive approach to the education of children with special educational needs.

136. Due to the very difficult economic situation and significant costs involved, the full implementation of EPSEN was deferred. It is intended to bring into effect many of the good ideas contained in the Act, on a non-statutory basis initially, through policy developments across a range of areas, in conjunction with NCSE policy advice.

137. The NCSE has made a number of recommendations for developing a better or more effective alternative to the current resource allocation model. The NCSE recommends that all children should be allocated additional resources in line with their level of need, rather than by disability category, and a new allocation model should be developed based on a schools educational profile, while providing a baseline allocation to every mainstream school to support inclusion.

138. The collection of data required to support the new allocation model, including data in relation to social context of schools and standardised test data and a consultation process with education partners, stakeholders, and parent representative groups has been completed.

Article 15

Reply to the issues raised in paragraph 27 of the list of issues

139. The Department of Justice & Equality has been engaged in consultation with all Departments and Traveller representatives on the issue of the recognition of Travellers as an Ethnic Group and the legal and practical implications. The State hopes to conclude its analysis shortly.

Reply to the issues raised in paragraph 28 of the list of issues

140. Ireland's telecommunications market has been liberalised since 1999 and has developed into a well-regulated market, supporting a multiplicity of commercial operators providing services over a range of technology platforms. The State is not a service provider and can only intervene, subject to EU competition rules, to ensure access to broadband services in areas where the competitive market has failed to deliver such services.

141. Under the **Metropolitan Area Networks** (MANs) programme, the State, with the support of the EU, invested over the period 2002–2009, in the provision of wholesale, open access fibre networks in 94 regional towns and cities. The MANs are managed, maintained and operated on the State's behalf by a private company, enet, under a concession agreement.

142. This State-owned infrastructure has played an important role in driving competition in the regions and facilitated telecommunications operators, large and small, in providing high speed broadband services without having to build their own networks. It is estimated that over 600,000 individuals and business users are benefitting from the MANs infrastructure.

143. Under the **National Broadband Scheme**, the State, with the support of the European Union, provided gap funding to a private operator to extend its network and provide minimum guaranteed basic broadband services in certain designated rural areas where broadband coverage was deemed insufficient.

144. Over the period of the NBS contract, total broadband subscriptions increasing on a national basis by over 40% from 1.2 m to 1.7 m subscriptions. Combined with private investment, the NBS allowed Ireland to meet the EU Commission's "Digital Agenda for Europe" (DAE) target of having a basic broadband service available to all areas by 2013.

145. The NBS ceased in August 2014 following a 68 month period of operation in line with EU State Aid approval for the Scheme.

146. With the widespread availability of basic broadband services, the Government is now focused on the provision of high speed broadband services in rural areas, where commercial operators are unlikely to invest due to poor commercial returns.

147. The **National Broadband Plan** (August 2012), aims to ensure that every citizen and business, regardless of location, has access to a high quality, high speed broadband service. This will be delivered through a combination of commercial and state investment.

148. The commercial telecommunications sector is currently investing some €2.5 billion in network upgrades. Approximately 1.6 million of the 2.3 million premises in Ireland are expected to have access to commercial high speed broadband services over the next two years.

149. On 24 November 2014, the Department launched a public consultation on a national high speed coverage map (www.broadband.gov.ie). Areas marked blue represent areas that will have access to commercial high speed broadband services by end 2016. Amber areas show target areas for State intervention. These comprise over 700,000 premises, spread over a road network of approximately 100,000 km.

150. The Government is preparing an intervention strategy for the Amber areas. It will be published for public consultation in mid-2015 with a view to launching a formal procurement process by the end of 2015, to conclusively deal with connectivity challenge in rural areas, by delivering a high quality, high speed services that will meet the demands of this generation and the next.